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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 3177-68838

First Inventor Robert S. Harris

Title TORQUE-LIMIT SIGNAL SYSTEM FOR FILLER NECK CAP

Express Mail Label No. EL894012625US

-		
See MPEP o	APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231
	e Transmittal Form (e.g., PTO/SB/17) Ibmit an original, and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. Ap	plicant claims small entity status. e 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
	ecification [Total Pages 20]	a. Computer Readable Form (CRF) b. Specification Sequence Listing on:
- C	escriptive title of the invention ross Reference to Related Applications	i. CD-ROM or CD-R (2 copies); or
	tatement Regarding Fed sponsored R & D eference to sequence listing, a table,	ii. paper
	r a computer program listing appendix ackground of the invention	c. Statements verifying identity of above copies
	rief Summary of the Invention	ACCOMPANYING APPLICATION PARTS
- D	Brief Description of the Drawings (if filed) Detailed Description	Assignment Papers (cover sheet & document(s))
	laim(s) bstract of the Disclosure	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney
	awing(s) (35 U.S.C. 113) Total 5 1	11. English Translation Document (if applicable)
4. 🗸 Dra	,	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
5. Oath or De	eclaration(unsigned) [Total Pages 2] Newly executed (original or copy)	13. Preliminary Amendment
	Copy from a prior application (37 CFR 1.63(d))	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
b	(for continuation/divisional with Box 18 completed)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
	i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35
	named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	or its equivalent.
6 Ap	plication Data Sheet. See 37 CFR 1.76	17. Other: Express Mail Certificate
	NTINUING APPLICATION, check appropriate box, and a tion Data Sheet under 37 CFR 1.76:	supply the requisite information below and in a preliminary amendment,
Con	itinuation Divisional Continuation-in-pa	rt (CIP) of prior application No.:/
Prior ap	oplication information: Examiner	Group / Art Unit
under Box 5b.	is considered a part of the disclosure of the accompa	re of the prior application, from which an oath or declaration is supplie nying continuation or divisional application and is hereby incorporated bus been inadvertently omitted from the submitted application parts.
	19. CORRESPO	NDENCE ADDRESS
X Custom	er Number or Bar Code Label (Insert Customer)	or Correspondence address below
Marra	23	3643
Name	PATENT TR.	ADEMARK OFFICE
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Country	Telephone	Fax
Name (F		
Name (F	Print/Type) Richard A. Rezek	Registration No. (Attorney/Agent) 30796

Signature

Date

September 18, 2001

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894012625US

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$898.00

Co	omplete if Known	
Application Number	Unknown	
Filing Date	Herewith	
First Named Inventor	Robert S. Harris	
Examiner Name	Unknown	
Group Art Unit	Unknown	
Attorney Docket No.	3177-68838	

METHOD OF PAYMENT			FEE CALCULATION (continued)								
	1. The Commissioner is hereby authorized to eherge indicated fees and credit any overpayments to: 3. ADDITIONAL FEES Large Entity Small Entity										
Deposit	dicated lees a		10.	Large E Fee	Fee	Small I	Fee	Fee	Descripti	on	Fee Paid
Account Number		10-0435		Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late	•		
Deposit Account	Ba	rnes & Thornburg		127	50	227	25	Surcharge - late	provisional	I filing fee or cover	
Name [onal Fee Required		139	130	139	130	Non - English s	pecification		
M ⊠ ür	nder 37 CFR §§	1.16 and 1.17		147	2,520	147	2,520	For filing a request for ex parte reexamination			
	oplicant claims see 37 CFR § 1.2	mall entity status. 7		112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
2. 🔀 P	ayment Enc	losed:	_	113	1,840*	113	1,840*	Requesting publication of SiR after Examiner action			
X c	heck C	redit card Money Order	Other	115	110	215	55	Extension for re	ply within fi	rst month	
	FFF C	ALCULATION		116	390	216	195	Extension for reply within second month			
1. BASI	C FILING			117	890	217	445	Extension for reply within third month			
	tity Small Ent			118	1,390	218	695	Extension for re	ply within fo	ourth month	
	Fee Fee	Fee Description	e Paid	128	1,890	228	945	Extension for re	ply within fit	fth month	
101 710		Jtility filing fee	710.00	119	310	219	155	Notice of Appea	al		
106 320		Design filing fee		120	310	220	155	Filing a brief in	support of a	n appeal	
107 490		Plant filing fee		121	270	221	135	Request for ora	I hearing		
108 710	208 355 1	Reissue filing fee		138	1,510	138	1,510	Petition to instit	ute a public	use proceeding	
114 150	214 75	Provisional filing fee		140	110	240	55	Petition to reviv	e - unavoida	able	
	SU	BTOTAL (1)	\$710.00	141	1,240	241	620	Petition to reviv	e - unintenti	onal	
A EVER	A OL AIM			142	1,240	242	620	Utility issue fee	(or reissue)	•	
2. EXIK	A CLAIM I	Fee from		143	440	243	220	Design issue fe	е		
Total Claims	Extra C		Fee Paid	144	600	244	300	Plant issue fee			
Total Claims Independent	26 -20**		80.00	122	130	122	130	Petitions to the	Commissio	ner	
Claims Multiple Depe		=		123	50	123	50	Processing fee	under 37 Cl	FR § 1.17(q)	
	ity Small Enti	ty		126	180	126	180	Submission of I Statement	nformation (Disclosure	
	Fee Fee Code (\$)	Fee Description		581	40	581	40	Recording each		ignment per property s)	
103 18	203 9	Claims in excess of 20		146	710	246	355	Filing a submiss (37 CFR § 1.1	sion after fin	al rejection	
102 80 104 270	202 40 204 135	Independent claims in exc. Multiple dependent claim,		149	710	249	355		onal inventio	on to be examined	
109 80	209 40	** Reissue independent cla		179	710	279	355	Request for Cor		mination (RCE)	
	,	over original patent		169	900	169	900	Request for exp	edited exar	mination	
110 18	210 9	** Reissue claims in exces and over original patent	s of 20	Othe	er fee (specify)		of a design app	lication		
	SUB	TOTAL (2)	\$188.00		,						
**or number p	*reduced by Basic Filing Fee Paid SUBTOTAL (3)										
SUBMITTE	SUBMITTED BY Complete (if applicable)										
Name (Print/		Richard A. Rezek			Registra Attorney	ation No //Agent)).	30796	Telephone	317-231-	7283
Signature		Ruhard	a. 10	lro	k			<u> </u>	Date	September 18	, 2001

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CERTIFICATE OF Modert S. H	IAILING BY "EXPRESS Marris	MAIL" (37 CFR 1.10)	Docket No. 3177-68838			
Serial No. Unknown	Filing Date Herewith	Examiner Unknown	Group Art Unit Unknown			
ention: TORQUE-LIN	AIT SIGNAL SYSTEM FOR FI	LLER NECK CAP				
hereby certify that the tuber	following correspondence:					
	(Identify type o	of correspondence)				
September 1 (Date)	6, 2001	Karen Taylo	or			
		(Typed or Printed Name of Person Mailing Correspondence)				
		(Signature of Person Mailing Correspondence) EL894012				
		("Express Mail" Mailing La	bel Number)			
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